

2002

Wisconsin
Hospices
and **Patients**

*Bureau of Health Information
Division of Health Care Financing
Wisconsin Department of Health and Family Services*

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October 2003

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Introduction

This report presents selected statistics on Wisconsin hospices and patients in 2002. The source of data for this document is the Annual Survey of Hospices, which was conducted by the Bureau of Health Information, Division of Health Care Financing (DHCF), Department of Health and Family Services, in cooperation with Wisconsin-licensed hospices; the Bureau of Fee-for-Service Health Care Benefits, DHCF; and the Bureau of Quality Assurance, Division of Disability and Elder Services. Wisconsin HOPE (Hospice Organization and Palliative Experts) has endorsed this survey.

Background

In general, *hospice* is a program that provides care to terminally ill persons who have a life expectancy of 6-12 months. (The patient must have a medical prognosis of 12 months or less to be eligible to receive services from a Wisconsin-licensed hospice. Medicare requires a prognosis of 6 months or less to elect the Medicare hospice benefit.) The goal of hospice is to care for people in the comfort of their own homes, including when “home” is a nursing home, community-based residential facility, adult family home, or other setting. “Hospice” can be an organization, a program within an organization, or a place (for details, see Wisconsin Administrative Code HFS 131).

Hospice care is significantly different in goals and emphasis from traditional medical practice. The goal of hospice care is palliative (seeking to improve patient comfort and to lessen pain and other symptoms of illness) rather than curative. It also emphasizes home care rather than institutional care, addresses the psychological, social, spiritual, and physical needs of the patient, and provides supportive services to the family. Volunteers are a unique component in hospice care.

Hospice care is provided by an interdisciplinary team of professionals including nurses, physicians, social workers, counselors (bereavement, spiritual, dietary, and other), nursing assistants, volunteers and therapists. The services provided include clinical pain management, personal hygiene maintenance, emotional and spiritual counseling, bereavement support, medications, medical supplies and equipment, inpatient stays if necessary, and ancillary services such as physical, occupational, and speech therapy.

Hospice services are available to all age groups, from newborn to elderly. Hospice services may be covered by Medicare, Medicaid (Medical Assistance), and private insurance companies.

Data Collection and Report Preparation

The 2002 survey population consisted of all 59 hospices licensed by the State of Wisconsin to operate in 2002. The survey instrument, prepared by the Bureau of Health Information (BHI), was mailed with the Hospice Annual Report (licensure) form to all Wisconsin-licensed hospices in early January, 2003 from the Division of Disability and Elder Services, Bureau of Quality Assurance. The survey utilizes a survey date of December 31; that is, hospices are asked to report some survey items (such as number of patients) as of that date. Other data items (such as the number of patient days and the number of admissions and discharges) were reported for all of calendar year 2002. Staffing information was based on the number of personnel employed by hospices during the week of December 8-14, 2002.

The Bureau of Health Information would like to acknowledge and thank the personnel of Wisconsin hospices who provided information on their services and patients, and Wisconsin HOPE for its endorsement of the survey.

Yiwu Zhang prepared this report. Jane Conner coordinated and implemented the data collection and editing activities. Kitty Klement, LuAnn Hahn and Kim Voss implemented survey follow-up and data editing activities. Patricia Nametz edited the report. Review and comment were provided by Rita Hallett in the Bureau of Fee-for-Service Health Care Benefits, and Jeanne Siroky and Jane Walters in the Bureau of Quality Assurance. The report was prepared under the supervision of Martha Davis, Chief of the Workforce and Provider Survey Section, and the overall direction of John Chapin, Director, Bureau of Health Information.

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Key Findings

- In 2002, there were 59 hospices licensed to operate in Wisconsin, compared to 61 in 2001. Three hospices closed in 2002, and one opened.
- There were 1,910 hospice patients on December 31, 2002, a 14 percent increase from December 31, 2001, and a 27 percent increase from December 31, 2000.
- Total hospice patients served increased 8 percent, from 13,208 patients in 2001 to 14,314 patients in 2002.
- The total number of FTE hospice employees increased 11 percent in 2002 (to 1,034 from 932 in 2001), while the number of patients on December 31 increased 14 percent.
- In 2002, 93 percent of all hospice volunteers worked in nonprofit hospices (compared to 86 percent in 2001), while 6 percent worked in proprietary hospices (compared to 12 percent in 2001).
- In 2002, the number of hospices that operated a residential facility and the number of beds in these facilities remained unchanged, but the number of patient days in these facilities jumped 38 percent.
- The number of hospice patient days in hospices operating an inpatient facility increased 43 percent.
- The number of contracts that hospices had with nursing facilities for hospice routine care services increased 4 percent (from 487 in 2001 to 507 in 2002). The number of hospice patients residing in nursing homes under these contracts was up 14 percent, and the number of days spent in nursing homes by these hospice patients increased 41 percent.
- In 2002, 55 percent of Wisconsin hospice patients had a principal diagnosis of cancer, down from 60 percent in 2001. Fourteen percent had a principal diagnosis of end-stage cardiovascular disease, compared to 12 percent in 2001.
- The number of hospice patients referred by nursing homes increased 17 percent (from 1,962 in 2001 to 2,297 in 2002).
- The number of hospice admissions increased 8 percent, from 12,034 in 2001 to 13,041 in 2002.
- In 2002, the number of hospice admissions with both Medicare and Medicaid (dual entitlements) increased 26 percent, from 836 to 1,051 patients, after a 33 percent increase in 2001.
- In 2002, total discharges from Wisconsin hospices increased 8 percent (from 11,856 to 12,797 patients), after an 11 percent increase in 2001.
- Eighty-eight percent (11,278) of all Wisconsin hospice discharges in 2002 were deaths. This percentage has remained stable since 1999.
- Hospices in three counties – Milwaukee, Dane, and Brown – served 53 percent of all Wisconsin hospice patients in 2002.
- In 2002, the hospice utilization rate among people aged 65 and older was 16.5 patients per 1,000 population in this age group, an 8 percent increase from 2001 (15.3 per 1,000).

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- The hospice utilization rate among people aged 85 and older was 40.3 per 1,000 population, a 4 percent increase from 2001 (38.6 per 1,000).
 - The total number of hospice patient days increased 9 percent in 2002 (from 615,783 days to 671,647 days), after a 15 percent increase in 2001.
 - Thirty-one percent of hospice patients died or were discharged within 7 days of admission to a hospice program in 2002, the same percent as in 2001.
 - On December 31, 2002, 78 percent of hospice patients had Medicare as their primary pay source, compared to 77 percent in 2001. An additional 6 percent of hospice patients had private insurance (the same as in 2001). The percent of patients with both Medicare and Medicaid increased from 10 percent in 2001 to 11 percent in 2002.
 - On December 31, 2002, 64 percent of hospice patients were residing at home or in some other private residence.
 - The percent of hospice patients residing in community-based residential facilities increased from 6 percent in 2001 to 8 percent in 2002.
 - Total hospice patient deaths increased 8 percent between 2001 and 2002, the same percent increase as total hospice patients served.

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Characteristics of Hospices

Table 1. Hospice Services and Patients by Hospice Ownership Type, Wisconsin 2002

	Total	Ownership of Hospice					
		Governmental		Nonprofit		Proprietary	
		Number	Percent	Number	Percent	Number	Percent
Number of Hospices	59	3	5%	49	83%	7	12%
Number of Unduplicated Hospice Patients	14,314	92	1	10,934	76	3,288	23
Number of Hospice Patients on December 31, 2002	1,910	13	1	1,354	71	543	28
Average Daily Census for Calendar Year 2002	1,841	10	1%	1,281	70%	550	30%

Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: See Technical Notes for an explanation of the unduplicated patient count.

- In 2002, there were 59 hospices licensed to operate in Wisconsin, compared to 61 in 2001. Three hospices closed in 2002, and one opened.
- Nonprofit organizations made up 83 percent of hospices and served 76 percent of all hospice patients.
- The seven proprietary hospices (12 percent) served 23 percent of all hospice patients.
- There were 1,910 hospice patients on December 31, 2002, a 14 percent increase from December 31, 2001, and a 27 percent increase from December 31, 2000.
- Total hospice patients served increased 8 percent, from 13,208 patients in 2001 to 14,314 patients in 2002.

Table 2. Hospice Certification and Accreditation, Wisconsin 2002

Year	Number of Hospices			
	Total Number of Hospices	Medicare Certified	Medicaid Certified	JCAHO or CHAP Accredited
1999	60	59	58	35
2000	61	59	57	35
2001	61	60	58	35
2002	59	58	56	34

Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Of the 59 Wisconsin-licensed hospices, 58 reported they were Medicare-certified providers and 56 reported they were Medicaid-certified providers.
- Fifty-eight percent (34) of the 59 hospices reported they were accredited by an organization such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or the Community Health Accreditation Program (CHAP).

Characteristics of Hospices

Table 3. Full-time Equivalent (FTE) Employees of Hospices by Ownership Type, Wisconsin, December 2002

Employee Category	Total		Ownership of Hospice		
	Number	Percent	Governmental	Nonprofit	Proprietary
Managing Employee/ Administrators	75	7%	1	62	12
Physicians	4	<1	0	3	1
Registered Nurses	363	35	1	282	80
Licensed Practical Nurses	47	5	0	24	23
Hospice Aides	207	20	0	156	51
Physical Therapists	5	<1	0	5	0
Occupational Therapists	0	0	0	0	0
Speech Pathologists	0	0	0	0	0
Bereavement Counselors	32	3	0	27	5
Social Workers	90	9	0	70	20
Dietary	3	<1	0	2	1
Volunteer Coordinators	28	3	0	23	4
Chaplains	32	3	0	21	11
Clerical/Office Support	125	12	0	97	28
Other	22	2	0	12	10
Total	1,034	100%	3	784	247

Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The count of employees was from the week of December 8-14, 2002.

- The total number of FTE hospice employees increased 11 percent in 2002 (to 1,034 from 932 in 2001), while the number of patients on December 31 increased 14 percent.
- Forty percent of all FTEs working in Wisconsin hospices in 2002 were physicians, RNs, or LPNs, compared to 39 percent in 2001.

Table 4. Number of Hospice Volunteers and Hours of Volunteer Services, Wisconsin 2002

	Total	Governmental		Nonprofit		Proprietary	
		Number	Percent	Number	Percent	Number	Percent
Number of Volunteers	4,309	37	1%	4,003	93%	269	6%
Hours of Volunteer Services Provided to:							
Patients	87,628	606	1	79,049	90	7,973	9
Family	13,384	35	<1	11,934	89	1,415	11
Office Support/Adminis. Services	40,247	65	<1	34,617	86	5,565	14
Other Activities	14,573	78	1%	13,128	90%	1,367	9%

Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- In 2002, 93 percent of all hospice volunteers worked in nonprofit hospices (compared to 86 percent in 2001), while 6 percent worked in proprietary hospices (compared to 12 percent in 2001).
- One-third of all volunteer hours in proprietary hospices were for office support and/or administrative services, compared to a quarter of all volunteer hours in nonprofit hospices (percents not shown).

Characteristics of Hospices

Table 5. Hospice Facility Operation and Contracts with Other Facilities, Wisconsin 2002

	Number	Percent
Total number of hospices	59	100%
Total number of hospice patient days	671,647	
Number of hospices operating a residential facility	10	17
Number of hospice beds in these facilities	113	
Number of hospice patient days in these facilities	22,249	
Number of hospices operating an inpatient facility	5	8
Number of hospice beds in these facilities	75	
Number of hospice patient days in these facilities	7,188	
Number of hospices that had a contract with hospitals/SNFs for symptom management and/or inpatient respite care	56	95
Number of contracts	529	
Number of acute care days	7,251	
Number of respite care days	2,089	
Number of hospices that had a contract with a nursing facility for inpatient respite services	7	12
Number of contracts	34	
Number of respite care days	151	
Number of hospices that had a contract with a nursing facility for hospice routine care	54	92
Number of contracts	507	
Number of hospice patients residing in nursing homes	3,140	
Number of days spent in nursing homes by hospice patients	159,248	
Number of hospices that had a contract with a community-based residential facility (CBRF)	45	76
Number of contracts	563	
Number of hospices that had a contract with an adult family home	9	15
Number of contracts	37	
Number of hospices that had a contract with a residential care apartment complex (RCAC)	18	31
Number of contracts	45	
Number of hospices that had a contract with an HMO or other managed care organization	30	51%

Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Hospice patients could have more than one type of stay during the year.
See Technical Notes for definitions of "routine care," "respite care," and other hospice levels of care.

- In 2002, the number of hospices that operated a residential facility and the number of beds in these facilities remained unchanged, but the number of patient days in these facilities jumped 38 percent.
- The number of hospice patient days in hospices operating an inpatient facility increased 43 percent.
- Fifty-six hospices had contracts with hospitals or skilled nursing facilities (SNFs) for symptom management and/or inpatient respite care in 2002, and the number of contracts increased 57 percent. The number of acute care days under these contracts decreased 2 percent (from 7,391 to 7,251), while the number of respite care days increased 3 percent (from 2,021 to 2,089).
- The number of contracts that hospices had with nursing facilities for hospice routine care services increased 4 percent (from 487 in 2001 to 507 in 2002). The number of hospice patients residing in nursing homes under these contracts was up 14 percent, and the number of days spent in nursing homes by these hospice patients increased 41 percent.

Characteristics of Hospice Patients

Table 6. Principal Diagnosis of Hospice Patients, Wisconsin 2002

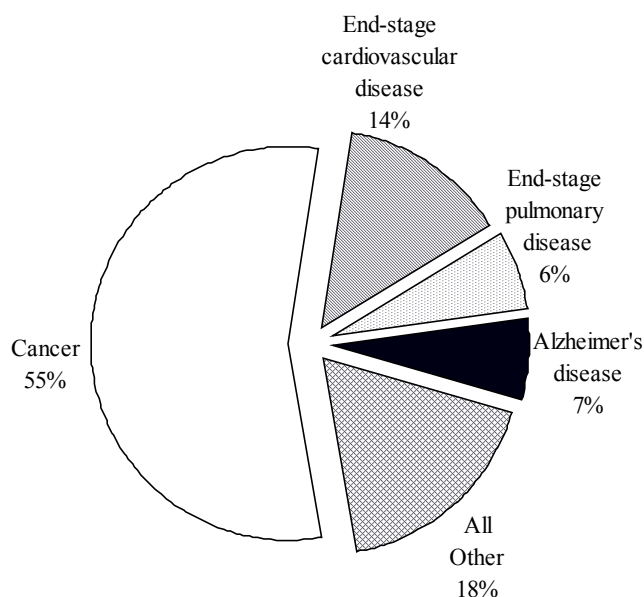
Principal Diagnosis	Number of Patients	Percent of Patients
Total	14,314	100%
Malignant neoplasm (cancer)	7,910	55
End-stage cardiovascular disease	2,008	14
Alzheimer's disease/other dementia	940	7
End-stage pulmonary disease	916	6
Renal failure/end-stage kidney disease	424	3
ALS (amyotrophic lateral sclerosis)	71	<1
Diabetes	60	<1
HIV infection	24	<1
Other conditions	1,961	14%

Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Principal diagnosis is the diagnosis responsible for admission to the hospice.
Percentages may not add to 100 percent due to rounding.

- In 2002, 55 percent of Wisconsin hospice patients had a principal diagnosis of cancer, down from 60 percent in 2001. Fourteen percent had a principal diagnosis of end-stage cardiovascular disease, compared to 12 percent in 2001.
- According to the 2000 National Home and Hospice Care Survey, 58 percent of U.S. hospice patients had a primary diagnosis of cancer, 12 percent had a primary diagnosis of cardiovascular disease, and 6 percent had a primary diagnosis of Alzheimer's disease and other dementia (see Technical Notes on Page 19 for source).

Figure 1. Principal Diagnosis of Hospice Patients, Wisconsin 2002



Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Characteristics of Hospice Patients

Table 7. Hospice Patients by Referral Source, Wisconsin 2002

Referral Source	Number of Patients	Percent
Total	14,314	100%
Physician	5,334	37
Hospital	3,607	25
Self-Referral	465	3
Patient's Family	1,164	8
Home Health Agency	703	5
Nursing Home	2,297	16
Assisted Living:		
Residential care apartment complex	55	<1
Adult family home	1	<1
Community-based residential facility	243	2
Other	445	3%

Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

- Thirty-seven percent of hospice patients were referred to the hospice by a physician, and 25 percent were referred by a hospital.
- The number of hospice patients referred by nursing homes increased 17 percent (from 1,962 in 2001 to 2,297 in 2002).

Table 8. Discharges of Hospice Patients by Reason for Discharge, Wisconsin, 2002

Reason for Discharge	Patients Discharged	
	Number	Percent
Total Discharges/Deaths	12,797	100%
Hospice Care Not Appropriate	594	5
Transferred to Another Hospice	202	2
Revocation of Hospice Benefit	578	5
Other	145	1
Deaths	11,278	88%

Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: Percentages may not add to 100 percent due to rounding.

- In 2002, total discharges from Wisconsin hospices increased 8 percent (from 11,856 to 12,797 patients), after an 11 percent increase in 2001.
- Eighty-eight percent (11,278) of all Wisconsin hospice discharges in 2002 were deaths. This percentage has remained stable since 1999.
- Five percent of discharges from hospices were because hospice care was no longer appropriate (probably because the patient's prognosis had changed).
- Another 5 percent of discharges were due to "revocation of hospice benefit;" this means the patient voluntarily withdrew from hospice care.
- Nationally, 86 percent of all U.S. hospice discharges in 2000 were deaths (see Technical Notes on page 19 for source).



* Map does not show the eight Wisconsin-licensed hospices located outside the state.

Wisconsin Division of Health Care Financing
Bureau of Health Information

Table 9. Hospices and Patients by County of Hospice Location, Wisconsin 2002

County of Hospice	Number of Hospices Patients		Percent of Total Patients	County of Hospice	Number of Hospices Patients		Percent of Total Patients
State Total	59	14,314	100%	Manitowoc	2	99	1%
Ashland	1	209	1	Marathon	1	507	4
Barron	1	71	<1	Milwaukee	9	5,294	37
Brown	3	1,013	7	Monroe	1	115	1
Calumet	2	44	<1	Oneida	1	173	1
Chippewa	1	143	1	Portage	1	146	1
Crawford	1	128	1	Price	1	56	<1
Dane	1	1,274	9	Rock	2	289	2
Dodge	1	100	1	St. Croix	1	69	<1
Eau Claire	1	334	2	Sauk	1	200	1
Fond du Lac	1	438	3	Shawano	1	63	0
Grant	1	55	<1	Sheboygan	2	474	3
Green	1	115	1	Taylor	1	66	<1
Iowa	1	85	1	Vernon	1	49	<1
Jefferson	1	200	1	Waukesha	1	343	2
Kenosha	1	340	2	Winnebago	2	586	4
La Crosse	2	380	3	Wood	1	258	2
Lafayette	1	25	<1	Out of State	8	491	3%
Langlade	1	82	1%				

Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Patient counts are by location of the hospice (not patient residence).

Counties shown have at least one hospice located in the county.

Percentages may not add to 100 percent due to rounding.

- In 2002, 37 percent of Wisconsin hospice patients were served by hospices located in Milwaukee County (compared to 35 percent in 2001).
- Only one hospice was located in Dane County but that hospice served 9 percent of Wisconsin hospice patients in 2002. The number of hospice patients served by this Dane County hospice increased by 6 percent in 2002, after an increase of 26 percent in 2001.
- The number of hospice patients increased 24 percent in Brown County and 17 percent in Winnebago County in 2002.
- The number of hospice patients served by hospices in Milwaukee County increased 13 percent (607 patients), after an increase of 27 percent in 2001.
- Hospices in three counties – Milwaukee, Dane, and Brown – served 53 percent of all Wisconsin hospice patients in 2002.

Characteristics of Hospice Patients

Table 10. Number, Percent and Utilization Rate of Hospice Patients by Age and Sex, Wisconsin 2002

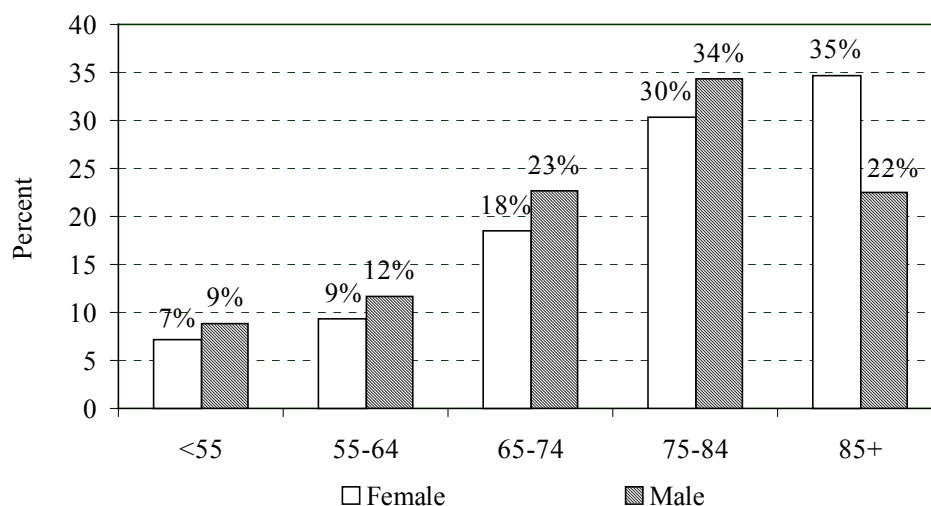
Age	Total			Female			Male		
	Number	Percent	Rate	Number	Percent	Rate	Number	Percent	Rate
All Patients	14,314	100%	2.6	7,777	100%	2.8	6,537	100%	2.4
Under 55	1,131	8	0.3	556	7	0.3	575	9	0.3
55-64	1,487	10	3.0	720	9	2.8	767	12	3.1
65-74	2,916	20	8.3	1,436	18	7.7	1,480	23	9.1
75-84	4,612	32	18.0	2,365	30	15.5	2,247	34	21.7
85 or older	4,168	29	40.3	2,700	35	37.1	1,468	22	47.9
65 or older	11,696	82%	16.5	6,501	84%	15.7	5,195	79%	17.6

Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: The rate is the number of hospice patients per 1,000 statewide population in the age group. Percentages may not add to 100 percent due to rounding. Rates for 2001 have been recalculated since last year's report was prepared, based on revised population estimates for 2001 from the U.S. Census Bureau.

- In 2002, the hospice utilization rate among people aged 65 and older was 16.5 patients per 1,000 population in this age group, an 8 percent increase from 2001 (15.3 per 1,000).
- The hospice utilization rate among people aged 85 and older was 40.3 per 1,000 population, a 4 percent increase from 2001 (38.6 per 1,000).
- Males aged 85 and over had a 23 percent higher hospice utilization rate than females in this age group (47.9 per 1,000 vs. 37.1 per 1,000).

Figure 2. Percent of Hospice Patients by Age and Sex, Wisconsin 2002



Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Male hospice patients outnumbered female patients in groups under age 75. For the 85 and older age group, there were 59 percent more female patients than male patients.

Table 11. Hospice Patient Days by Level of Care, Wisconsin 2002

Level of Care	Patient Days	Percent
Total patient days	671,647	100%
Routine home care	649,265	97
Continuous home care	2,376	<1
Inpatient care: acute/symptom management	17,170	3
Inpatient respite care	2,836	<1%

Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding. See Technical Notes for level of care definitions.

- The total number of hospice patient days increased 9 percent in 2002 (from 615,783 days to 671,647 days), after a 15 percent increase in 2001.
- Most hospice patient days were for routine home care (97 percent).
- Inpatient days for acute care and/or symptom management increased 17 percent compared to 2001.
- Inpatient respite care days increased 15 percent, from 2,459 days in 2001 to 2,836 days in 2002.

Table 12. Length of Stay of Hospice Patients Who Died or Were Discharged, Wisconsin 2002

Length of Stay	Number of Patients	Percent
Total Discharges/Deaths	12,797	100%
1 to 7 days	3,925	31
8 to 14 days	2,012	16
15 to 30 days	2,186	17
31 to 60 days	1,827	14
61 to 90 days	909	7
91 to 180 days	1,126	9
181 days to 1 year	580	5
More than 1 year	232	2%

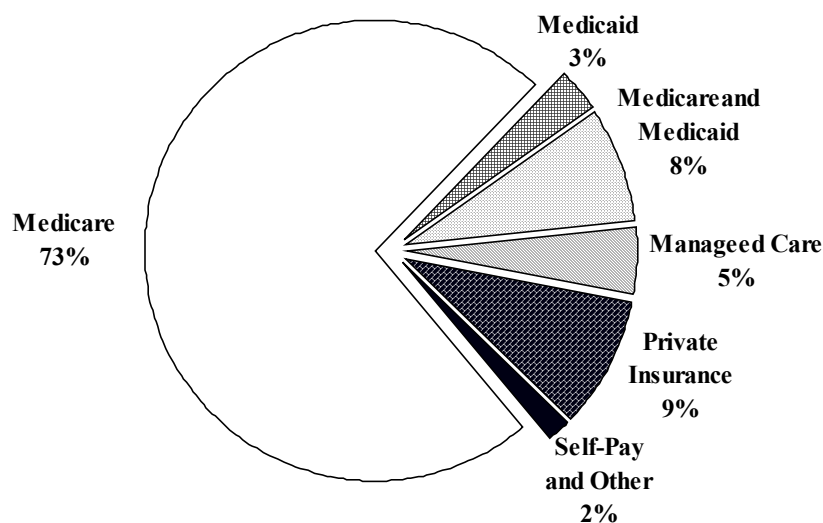
Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: "Length of stay" means time from when the patient was admitted to the hospice program until the patient died or was discharged from the program.

Percentages may not add to 100 percent due to rounding.

- A length of stay of 60 days or less was reported for 78 percent of hospice patients who died or were discharged in 2002 (79 percent in 2001).
- Thirty-one percent of hospice patients died or were discharged within 7 days of admission to a hospice program in 2002, the same percent as in 2001.
- Hospice patients who died or were discharged after more than 181 days of admissions increased from 5 percent to 7 percent.
- Nationally, 63 percent of hospice patients had a length of stay less than 30 days in 2000 (see Technical Notes on page 19 for the source).

Figure 3. Primary Pay Source at Admission to a Hospice Program for Patients Admitted in 2002, Wisconsin



Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Table 13. Primary Pay Source at Admission to a Hospice Program for Patients Admitted in 2002, Wisconsin

Primary Pay Source	Number of Patients	Percent
Total Admissions	13,041	100%
Medicare	9,559	73
Medicaid	386	3
Medicare and Medicaid ("dual entitlees")	1,051	8
Managed Care (HMO)	627	5
PACE/Partnership (Program of All-Inclusive Care for the Elderly)	2	<1
Private Insurance	1,207	9
Self Pay	101	1
Other	108	1%

Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

Primary pay source is the payment source that the hospice expects will pay the largest amount for the patient's hospice care.

- The number of hospice admissions increased 8 percent, from 12,034 in 2001 to 13,041 in 2002.
- Seventy-three percent of hospice patients admitted in 2002 had Medicare as their primary pay source (vs. 74 percent in 2001). Nine percent had private insurance, down from 11 percent in 2001.
- In 2002, the number of hospice admissions with both Medicare and Medicaid (dual entitlees) increased 26 percent, from 836 to 1,051 patients, after a 33 percent increase in 2001.
- The number of admissions with managed care (HMO) as their primary pay source increased 9 percent, from 576 to 627 patients.

Characteristics of Hospice Patients

Table 14. Primary Pay Source for Hospice Patients, Wisconsin, December 31, 2002

Primary Pay Source	Number of Patients	Percent
Total Patients	1,910	100%
Medicare	1,482	78
Medicaid	44	2
Medicare and Medicaid (“dual entitlements”)	201	11
Managed Care (HMO)	42	2
PACE/Partnership (Program of All-Inclusive Care for the Elderly)	0	0
Private Insurance	114	6
Self Pay	22	1
Other	5	<1%

Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.
Primary pay source is the payment source that the hospice expects will pay the largest amount for the patient’s hospice care.

- On December 31, 2002, 78 percent of hospice patients had Medicare as their primary pay source, compared to 77 percent in 2001. An additional 6 percent of hospice patients had private insurance (the same as in 2001). The percent of patients with both Medicare and Medicaid increased from 10 percent in 2001 to 11 percent in 2002.
- Nationally, 79 percent of hospice patients had Medicare as their primary pay source, 13 percent had private insurance/HMO or self pay, and 5 percent had Medicaid (see Technical Notes on page 19 for source).

Table 15. Living Arrangements of Hospice Patients, Wisconsin, December 31, 2002

Living Arrangement	Number of Patients	Percent
Total Patients	1,910	100%
Home/private residence	1,217	64
Nursing home	428	22
Hospice residential facility	45	2
Assisted living:		
Residential care apartment complex	24	1
Adult family home	0	0
Community-based residential facility (CBRF)	151	8
Inpatient facility (acute-care hospitals, etc.)	41	2
Other site	4	<1%

Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentage may not add to 100 percent due to rounding.
See Technical Notes for definitions of selected living arrangements.

- On December 31, 2002, 64 percent of hospice patients were residing at home or in some other private residence.
- Twenty-two percent of hospice patients were residing in nursing homes on December 31, 2002, (compared to 23 percent in 2001). Only 15 percent of patients were residing in nursing homes in 1999.
- The percent of patients residing in CBRFs increased from 6 percent in 2001 to 8 percent in 2002.

Table 16. Deaths Among Hospice Patients by Site of Occurrence, Wisconsin 2002

Location of Death	Number of Patients	Percent
Total Deaths	11,278	100%
Home/private residence	5,832	52
Nursing home	2,444	22
Hospice residential facility	733	6
Assisted living:		
Residential care apartment complex	49	<1
Adult family home	2	<1
Community-based residential facility (CBRF)	513	5
Inpatient facility (acute-care hospitals, etc.)	1,679	15
Other site	26	<1%

Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note Percentages may not add to 100 percent due to rounding.

- Total hospice patient deaths increased 8 percent between 2001 and 2002, the same percent increase as total hospice patients served.
- Of hospice patient deaths in 2002, 52 percent occurred at home (compared with 54 percent in 2001 and 57 percent in 2000), 22 percent occurred in nursing homes (compared with 21 percent in 2001 and 20 percent in 2000), and 15 percent occurred in a hospital or other inpatient facility (compared with 15 percent in 2001 and 14 percent in 2000).

Technical Notes

Unduplicated patient count. Each person served is counted only once, regardless of the number of times during the year they were admitted and discharged.

Hospice Level of Care

Routine home care day is a day on which an individual who has chosen hospice care is receiving services at the place of residence considered his or her home.

Continuous home care day is a day on which an individual who has chosen hospice care is not in an inpatient facility and is receiving continuous care, primarily nursing care, to achieve palliation or management of acute medical symptoms. Home health aide or homemaker services may be provided to supplement the nursing care. Continuous home care is furnished during periods of crisis to maintain the terminally ill patient at home.

Inpatient care day (symptom management) is a day on which an individual who has chosen hospice care receives general inpatient care in an inpatient facility for pain control or acute or chronic symptom management which cannot be managed in other settings.

Inpatient respite care day is a day on which an individual who has chosen hospice care receives care in an approved inpatient facility on a short-term basis to relieve the family or other persons caring for the individual at home.

Living Arrangements

A community-based residential facility (CBRF) is a place where 5 or more unrelated adults reside in which care, treatment or services above the level of room and board but not including nursing care are provided to residents as a primary function of the facility.

A residential care apartment complex is a living unit for severely disabled individuals that is developed by a sponsor and that is not physically connected to a nursing home or hospital except by common service units for laundry, kitchen or utility purposes and that may include buildings and grounds for activities related to residence, including congregate meal sites, socialization, and physical rehabilitation facilities.

An adult family home means a place where 3 or 4 adults not related to the licensee reside in which care, treatment or services above the level of room and board but not including nursing care are provided to persons residing in the home as a primary function of the place.

Source for National Data:

Haupt B J. Characteristics of Hospice Care Discharges And Their Length of Service: United States, 2000. National Center for Health Statistics. Vital Health Stat. 13(154), 2003.

ATTACHMENT I 2002 ANNUAL SURVEY OF HOSPICES

The Statistical Summary is to be provided by agencies submitting an annual report. If you have questions about completing Attachment I, call Kitty Klement (608-267-9490), Jane Conner (608-267-9055), Lu Ann Hahn (608-266-2431), or Kim Voss (608-267-1420).

Time Periods:

This summary requests information from varying time periods. Some questions refer to the entire calendar year (January 1 - December 31, 2002), others refer to a specific week (December 8 - 14, 2002), or a specific day (December 31, 2002). Be careful to answer questions for the correct time period.

Patient Counts:

Patients are counted two ways:

1. Only once to determine the number of individual people the agency served by primary diagnosis, race and age.
2. Multiple times, when appropriate to identify the number of patients who received various types of services, whose payments came from various pay sources, and who were admitted and/or discharged from various places and programs.

In some instances, patient counts in one question must equal patient counts in other questions. When this is the case, a footnote is used as a reminder.

Diagnoses Reporting:

Diagnostic categories on Page 4, number 22, are based on the ICD-9-CM classification system.

Follow-up for corrections/clarifications:

All responses will be edited for completeness, accuracy and clarity. If any problems are found, the contact person listed on Page 8 will be telephoned for corrections/clarifications.

STATISTICAL SUMMARY

AGENCY INFORMATION

1. Was this hospice in operation for the entire calendar year of 2002? ☐ 1. Yes ☐ 2. No

If no, and operation dates began after January 1, 2002, or ended before December 31, 2002, list those dates of operation below.

Beginning Date

Month Day '02

Ending Date

Month Day '02

Days of Operation

2. Is the hospice certified for Medicare (Title 18)? ☐ 1. Yes ☐ 2. No
3. Is the hospice certified for Medicaid (Title 19)? ☐ 1. Yes ☐ 2. No
4. Is the hospice accredited by JCAHO or CHAPS? ☐ 1. Yes ☐ 2. No

5. Is the hospice licensed as a hospice residential facility? (e.g., "hospice house") ☐ 1. Yes ☐ 2. No
- a. If yes, indicate the number of beds in the facility _____
- b. Total number of days spent by hospice patients in the facility in 2002 _____
6. Is the hospice Medicare certified as an inpatient facility? ☐ 1. Yes ☐ 2. No
- a. If yes, indicate the number of beds in the facility _____
- b. Total number of days spent by hospice patients in the facility in 2002 _____
7. Does the hospice have a contract with a hospital(s) or skilled nursing facility (SNF) for symptom management and/or inpatient respite care? ☐ 1. Yes ☐ 2. No
- a. If yes, indicate the number of contracts _____
- b. Total number of acute care (symptom management) days in 2002 _____
- c. Total number of inpatient respite care days in 2002 _____
8. Does the hospice have a contract with an intermediate care nursing facility (NF) for inpatient respite services? ☐ 1. Yes ☐ 2. No
- a. If yes, indicate the number of contracts _____
- b. Total number of inpatient respite care days in 2002 _____
9. Does the hospice have a contract, agreement or memorandum of understanding with a skilled nursing facility (SNF) to provide routine hospice home care? ☐ 1. Yes ☐ 2. No
- a. If yes, indicate the number of contracts, agreements or memorandums of understanding _____
- b. Total number of unduplicated hospice patients with SNF stays in 2002 _____
- c. Total number of days spent in SNFs by hospice patients in 2002 _____
10. Does the hospice have a contract, agreement or memorandum of understanding with a community-based residential facility (CBRF) to provide routine hospice home care? ☐ 1. Yes ☐ 2. No
- a. If yes, indicate the number of contracts, agreements or memorandums of understanding _____
11. Does the hospice have a contract, agreement or memorandum of understanding with an adult family home to provide routine hospice home care? ☐ 1. Yes ☐ 2. No
- a. If yes, indicate the number of contracts, agreements or memorandums of understanding _____
12. Does the hospice have a contract, agreement or memorandum of understanding with a residential care apartment complex (RCAC) to provide routine hospice home care? ☐ 1. Yes ☐ 2. No
- a. If yes, indicate the number of contracts, agreements or memorandums of understanding _____
13. Does the hospice have a contract with an HMO or other managed-care organization(s) to provide services? ☐ 1. Yes ☐ 2. No

PATIENT INFORMATION

14. Number of **patients** on the hospice caseload on January 1, 2002
The number entered above reflects your agency's December 31, 2001 patient count. (*Any admissions on or after January 1st should be listed on line 15.*)
- a. Of the number of patients who were on the open caseload beginning January 1, 2002 (line 14, above), how many of those patients are also listed as an admission(s) during 2002 on line 15?
15. Total number of **admissions** during 2002
a. Of the total admissions, how many were readmissions?
(Readmissions are the number of admissions above and beyond a patient's first admission during 2002. If an individual was formally admitted more than once during the calendar year, count each admission, except the first one, as a readmission. For example, if a patient was formally admitted to the agency five times during the calendar year, that would be five admissions, of which four were readmissions.)
16. Number of hospice **patients discharged** during 2002 for each reason listed.
- a. Discharged - hospice care not appropriate (*no longer meets hospice criteria*)
- b. Transferred - hospice services provided by another hospice
- c. Revocation of hospice benefit (*individual chooses to leave hospice*)
- d. Other (*please specify*)
- e. Deaths
- f. **Total Discharged**
17. Total number of patients on the hospice caseload on December 31, 2002
(Line 14, plus line 15, minus line 16.f.)
18. Report the **Total Number of Individual Patients** for 2002, using the following formula to calculate the total.
- a. Patients on January 1, 2002 caseload (line 14)
Minus line 14.a (1/1/02 patients also counted as an admission during 2002)
Subtotal
- b. Admissions (line 15)
Minus readmissions (line 15.a)
Equals the number of patients admitted
Subtotal
- c. **Total** individual patient count (unduplicated) for 2002. (Add subtotals from no. 18.a and 18.b)
(The number reported here **MUST** equal the "TOTALS" on Page 4, no. 20, 21 & 22.)
19. Average Daily Census for calendar year 2002, (total days of care, Page 5, number 23, divided by the days of operation, 365 days, or as reported on page 1, item 1.)
(Round to the nearest whole number.)

20. Total number of **unduplicated patients** served during 2002 by age, sex, and race/ethnicity.

RACE	AGE							Total
	19 & under	20-54	55-64	65-74	75-84	85-94	95+	
White								
Black or African American								
American Indian								
Southeast Asian								
Asian or Pacific Islander								
Other								
TOTAL*								(a)
SEX								
Male								(b)
Female								(c)
MAKE SURE that the total males, (line b), plus total females, (line c), equal the total number of patients, (line a).								
Hispanic/Latino**								

* TOTAL **MUST** equal the total unduplicated patients on page 3, line 18.c.

** Include Hispanic/Latino patients in the appropriate racial categories listed above, as Hispanic/Latino is not considered a race.

21. Total number of **unduplicated patients** served during 2002 by referral source.

REFERRAL SOURCE	NUMBER OF PATIENTS
a. Physician	
b. Self-referral	
c. Patient's family	
d. Hospital	
e. Home health agency	
f. Nursing home	
g. Assisted living	
1. Residential care apartment complex	
2. Adult family home	
3. Community-based residential facility (CBRF)	
h. Other (specify _____)	
TOTAL*	

* TOTAL **MUST** equal the total unduplicated patients on page 3, line 18.c.

22. Total number of **unduplicated patients** served in 2002 by principal diagnosis (i.e., the diagnosis responsible for admission to the hospice).

PRINCIPAL DIAGNOSIS	NUMBER OF PATIENTS
a. Malignant neoplasm (cancer) (140 - 239)	
b. Cardiovascular disease (390 - 459)	
c. Pulmonary disease (415-417, 492, 496)	
d. Renal failure/kidney disease (584.9 - 593.9)	
e. Diabetes (250.0)	
f. Alzheimer's disease/other dementia (331.0, 290.1, 294.1)	
g. AIDS (042)	
h. ALS (Lou Gehrig's disease) (335.20)	
i. Other (specify _____)	
TOTAL*	

* TOTAL **MUST** equal the total unduplicated patients on page 3, line 18.c.

23. Total number of **patient days** during 2002 for each level of care.

LEVEL OF CARE	PATIENT DAYS
a. Routine home care	
b. Continuous care	
c. Inpatient care – acute/symptom management	
d. Inpatient respite care	
TOTAL	

24. For each patient discharged in 2002, (including deaths, and regardless of admission date), provide the **length of stay**.

- a. 1 to 7 days
- b. 8 to 14 days
- c. 15 to 30 days
- d. 31 to 60 days
- e. 61 to 90 days
- f. 91 to 180 days
- g. 181 days to 1 year
- h. More than 1 year
- i. **TOTAL (a+b+c+d+e+f+g+h)** *

* **TOTAL MUST** equal the total discharges on page 3, line 16.f.

25. Indicate the primary pay source **AT THE TIME OF ADMISSION** for all patients who were admitted during 2002.

PRIMARY PAY SOURCE	NUMBER OF PATIENTS
a. Medicare	
b. Medicaid	
c. Medicare & Medicaid	
d. Managed Care (HMO)	
e. PACE/Partnership	
f. Private Insurance	
g. Self Pay	
h. Other (specify _____)	
TOTAL*	

* **TOTAL MUST** equal the total admissions on page 3, line 15.

26. Indicate the primary pay source for all patients on your caseload on December 31, 2002.

PRIMARY PAY SOURCE	NUMBER OF PATIENTS
a. Medicare	
b. Medicaid	
c. Medicare & Medicaid	
d. Managed Care (HMO)	
e. PACE/Partnership	
f. Private Insurance	
g. Self Pay	
h. Other (specify _____)	
TOTAL*	

* TOTAL **MUST** equal the total patients on your caseload on page 3, line 17.

27. Of the patients on your caseload on December 31, 2002, how many resided in each of the following locations?

DO NOT WRITE IN SHADED AREA

LOCATIONS	NUMBER OF PATIENTS
a. Home/private residence	
b. Nursing home	
c. Hospice residential facility	
d. Assisted living	
1. Residential care apartment complex	
2. Adult family home	
3. Community-based residential facility (CBRF)	
e. Inpatient facility (e.g., acute care hospital, other)	
f. Other site (specify _____)	
TOTAL*	

* TOTAL **MUST** equal the total patients on your caseload on page 3, line 17.

28. Of those patients who died in 2002, how many deaths occurred at each of the following locations?

DO NOT WRITE IN SHADED AREA

LOCATIONS	NUMBER OF DEATHS
a. Home/private residence	
b. Nursing home	
c. Hospice residential facility	
d. Assisted living	
1. Residential care apartment complex	
2. Adult family home	
3. Community-based residential facility (CBRF)	
e. Inpatient facility (e.g., acute care hospital, other)	
f. Other site (specify _____)	
TOTAL*	

* TOTAL **MUST** equal the total deaths on page 3, line 16.e.

PERSONNEL

29. **Personnel:** Complete the following table based on the week of December 8 - 14, 2002.

Include staff on vacation or other paid leave. Out-of-state agencies should report only staff time serving Wisconsin patients.

Full-Time Persons: Report the number of persons employed full-time.

Part-Time Persons: Report the number of persons employed part-time.

Part-Time Hours: For each employed person working less than *Full-time* hours per week, report the number of hours worked in that position. If a person serves in more than one job position, place an asterisk (*) next to the job title, record the hours worked in the part-time hours column for each position, but only record the person once in the part-time person column for the job position worked the most hours. (e.g., A person may work as a Hospice Aide for 25 hours and could possibly also work in a Dietary position for 15 hours. Record "25" in the part-time hours column for Hospice Aides, and record "15" in the part-time hours column for Dietary. Record a "1" in the part-time persons column for Hospice Aides, since the majority of the hours were worked in that capacity).

Contracted Staff Persons: Report the number of persons providing services through a formal contractual arrangement.

Volunteers: Uncompensated staff person.

ROUND HOUR FIGURES TO THE NEAREST WHOLE HOUR. NO DECIMALS. NO FTE'S

DO NOT WRITE IN SHADED AREA

JOB TITLE	Full-time Persons	Part-time Persons		Contracted Staff (No. of Persons)	Volunteers (No. of Persons)
		Personnel	Hours		
a. Managing Employee/Administrator					
b. Physicians *					
c. Registered Nurses *					
d. Licensed Practical Nurses					
e. Hospice Aides					
f. Registered Physical Therapists					
g. Registered Occupational Therapists					
h. Speech/Language Pathologists					
i. Bereavement Counselor *					
j. Social Workers *					
k. Dietary					
l. Volunteer Coordinator					
m. Chaplain					
n. Clerical/Office Support					
o. Other (<i>specify</i> _____)					
TOTAL					

* "Core Team" members **MUST** be accounted for on this table.

30. Number of hours in work week? (*Enter as a 3-digit number, e.g., 40.0, 37.5, 35.0, etc.*)

31. During 2002, how many volunteers did the hospice agency have?

32. Indicate the total hours of service provided by volunteers during 2002.

SERVICE PROVIDED TO	NUMBER OF HOURS
a. Patients	
b. Family	
c. Office Support/Administrative Services	
d. Other (<i>specify</i> _____)	

Person responsible for completing this form
(This is who will be contacted if further information is required.)

Contact person's area code/telephone number EXT:

Area Code/Fax Number

Email Address

Area Code/Telephone Number
(This number will be published in the Hospice directory.)

33. Does the agency have Internet access? ☐ 1. Yes ☐ 2. No

I certify that I have reviewed the information reported in this document for accuracy and the information is true and correct.

Name of Administrator (**type or print**)

SIGNATURE - Administrator

Date signed

FOR OFFICE USE ONLY			
COUNTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POPID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BQADISTR			<input type="checkbox"/>

